



Equity and wellbeing for migrant women

22/23 State budget submission
October 2021



MULTICULTURAL
CENTRE FOR
WOMEN'S HEALTH

Prepared by the
**Multicultural Centre
for Women's Health**

Multicultural Centre for Women's Health

MCWH is a national, community-based organisation led by and for women from migrant and refugee backgrounds. Established in 1978, MCWH's mission is to promote the health and wellbeing of migrant and refugee women across Australia through advocacy, social action, multilingual education, research and capacity building.

Always was, always will be

MCWH is proud to acknowledge that the land on which we migrated, work and live was and always will be Aboriginal land.

We pay our respects to traditional owners of Country and to all Aboriginal and Torres Strait Islander peoples, their culture, their connection to country and to elders past, present and emerging.

**women led
intersectional
collaborative
evidence based**



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Preamble

COVID-19 has continued to impact the Victorian community throughout 2021, with those hardest hit Victorians from migrant and refugee communities and those living in the most disadvantaged areas of the state where there have been both high COVID-19 infection rates and later access to vaccination.

The economic impact of Victoria's six lockdowns includes significant loss of employment, wages and job security, particularly for women. Since mid-July Victorian women have lost 7.4% of their payroll jobs, 30% more than the losses sustained by Victorian men.¹ The gendered disadvantage that existed before the pandemic has been further entrenched. Migrant and refugee women have borne the brunt of persisting and compounding race and gender inequity.

The 21/22 Victorian budget provided a much-needed boost toward an equitable health, social and economic recovery from the COVID-19 pandemic for all Victorians. Key initiatives in the 20/21 budget provided support to industries and jobs in which women are concentrated, increased expenditure in public health in response to the pandemic, including to multicultural communities, provision for mental health reform, and an important increased investment of \$2.4m into women's health services.

However, achieving gender equity, health and wellbeing for all women, including migrant women, is a long-term prospect which requires sufficient and sustained investment. Investment must keep up with increases in the growth, diversity and complexity of Victoria's population.

Gendered inequality, and its intersections with other forms of inequality, in workplaces, the health system, education, socially, and in the family, remains a key barrier to the equitable social and economic participation of migrant and refugee women in Victoria, and to their optimum health and wellbeing.

The call for investment in 5 key areas

1 Women's health infrastructure to keep up with population growth

4 Gender equality, primary prevention and early intervention violence against women programs tailored for migrant communities

2 Migrant women's equitable access to sexual and reproductive health services

5 Equitable access for migrant women to COVID-19 health systems and information, economic recovery and wellbeing initiatives

3 Mental health support and prevention programs tailored for migrant women

What investment is needed in the 2022-2023 budget?

1. Significantly increase core funding to MCWH to continue building a comprehensive state-wide service to migrant women across Victoria through in-language women's health education, information and referral, capacity building, research and advocacy. This includes an investment into gendered, intersectional policy analysis to provide input into Victorian government policy at all levels, to ensure positive impacts on migrant women's health and rights.
2. Support a permanent, state-wide, multilingual, information infrastructure to deliver appropriate, in-language preventative women's health and wellbeing education and support programs across Victoria, including in rural and regional areas.
3. Invest in initiatives delivered by migrant women's organisations, in partnership with antenatal care providers, to increase migrant women's access to antenatal care in the first trimester.
4. Invest in initiatives delivered by migrant women's organisations, in partnership with key stakeholders, to increase migrant women's access to a broad range of contraceptive options, and to exercise their reproductive choice.
5. Invest in initiatives delivered by migrant women's organisations that increase migrant women's awareness of sexually transmissible infections, and that builds their capacity to negotiate and practice safer sex and maintain their sexual health and wellbeing.
6. Fund MCWH to provide policy input and co-design advice to the Victorian Government Mental Health reform process to ensure that migrant women's needs are equitably included in the reformed mental health system.
7. Support innovative, tailored education and advocacy mental health interventions run by migrant women's organisations and delivered to migrant women by trained bilingual workers.
8. Support MCWH and Perinatal Anxiety & Depression Australia (PANDA) to deliver in-language telephone counselling support for perinatal anxiety and depression to migrant women across Victoria.

9. Provide ongoing funding to MCWH to continue its role in building capacity across Victoria to adopt a consistent intersectional approach to prevent family violence in migrant communities.
10. Continue to support tailored and innovative migrant women’s leadership programs to be delivered across Victoria.
11. Invest in sexual harassment prevention programs that address a wide variety of workplaces to reach migrant women workers.
12. Boost accessibility of the Orange Door and earlier access to family violence support services by delivering comprehensive, in-language family violence education to migrant women across Victoria.
13. Provide on-going investment to prevent gender and race discrimination in workplaces and promote equity within the Victorian labour force.
14. Support the post-COVID-19 recovery of Victorian industries and jobs in which migrant women are concentrated and specifically target migrant women for COVID recovery support programs.

The Investment 2022/2023

To ensure that Victoria’s COVID-19 response and recovery is equitable and inclusive, and that migrant women have the best opportunities to experience the same health and wellbeing outcomes as other Victorians, the following investment in MCWH’s tailored and responsive services is needed.

Population growth health infrastructure	\$9,411,299
Equitable access to reproductive & sexual health	\$1,133,823
Tailored mental health support & prevention	\$2,280,532
Gender equality, prevention & early response to violence	\$1,030,576
Equitable recovery	\$719,883
TOTAL INVESTMENT 22/23	\$15,340,770

Making the case for equity and wellbeing for migrant women

Migrant women make up 29% of the Victorian female population, numbering 885,061 at the 2016 census.² Victorian government population projections estimate a net increase of approximately 44,000 migrant women per year which means that by 2022 over 1.5 million migrant women will call Victoria home.³

Despite the significant numbers of migrant women in Victoria, and the robust contribution they make to Victoria's economic, social, and civic life, substantial areas of inequality, both in and outside the health system, prevent migrant women from achieving optimum health and wellbeing.

Gender and race-based discrimination and sexual harassment remain significant barriers to workplace advancement. While 40% of migrant women are employed in management or professional occupations in Victoria, only 2.5% of Victoria's senior decision-making roles are filled by migrant women.⁴ The majority of employed migrant women work in service, sales, manufacturing, health and social assistance occupations and industries that have high casualisation rates, and in which hours and jobs are more likely to have been lost during the pandemic.⁵

Family violence against migrant women is at least as prevalent as in the general population, with the added concern that migrant women are less likely to access appropriate family violence support at an early point.⁶

When it comes to health and wellbeing, research shows that migrant women have poorer outcomes than other Victorian women.

Mental health is a significant concern, with migrant women experiencing higher rates of anxiety and depression, and perinatal mental health issues.⁷ Access to Victorian mental health services is not equitable due to language, cultural and information barriers.

Migrant women are also less likely to access sexual health care, contraception, terminations, and antenatal care. Rates of dangerous pregnancy health conditions such as pre-eclampsia and gestational diabetes are higher than the general population and migrant women are sadly over-represented in the numbers of Victorian stillbirths.⁸ Stillbirth and birth complications can be prevented, and the risks decreased, through timely antenatal care. It is important that migrant women have equitable access to pregnancy related care to give them the best chance of having healthy pregnancy and birth outcomes.

Migrant women and their families have been more susceptible to the health impacts of COVID-19, having faced an increased risk of infection and fewer opportunities to access vaccination at an early point. Access to health care and information is inequitably distributed across Victoria and the impacts of this have become more evident during the pandemic.

Targeted investment in services and programs that enable migrant women to attain their optimum wellbeing, and actively participate in all aspects of society, is crucial to progressing the government's agenda with respect to gender equity in health and wellbeing. Such investment will provide a positive return on investment, particularly with reduced health care costs and positive social and economic impacts.

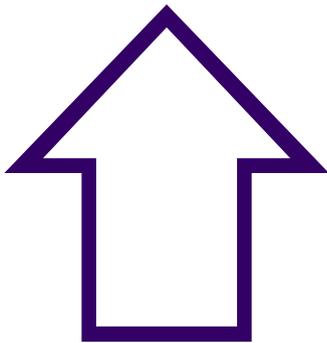


Migrant women make up

29%

of the Victorian female population

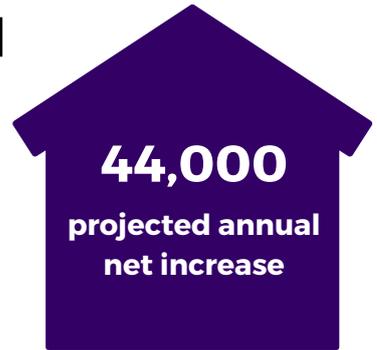
(ABS 2016)



In 2022 an estimated

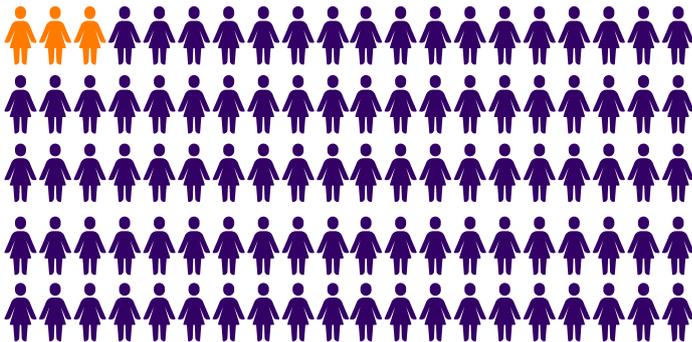
1.5 million

migrant women will call Victoria home



44,000

projected annual net increase



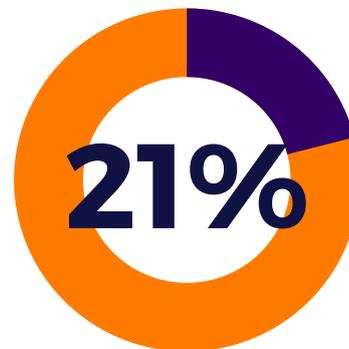
Only **2.5%** of Victoria's senior decision-making roles are filled by migrant women

(ABS 2018)

We interviewed **over 70 migrant and refugee women** about their experiences of COVID-19



reported that COVID had a **moderate to severe** impact on them.



were **not aware** of government supports available during lockdown.



How Multicultural Centre for Women's Health makes a difference

The Multicultural Centre for Women's Health (MCWH) is Victoria's state-wide migrant and refugee women's health service, in operation since 1978. MCWH provides tailored, responsive, accessible, and equitable health and wellbeing programs for migrant and refugee women across Victoria.

MCWH breaks down access barriers by offering in-language outreach programs delivered by trained peer educators, to ensure migrant women can access information and support where it works best for them: where they work, live, study and play.

MCWH works with women who are least likely to easily access mainstream English-language services, such as migrant women workers, women who are newly arrived or parenting in the early years, women on precarious visas, those who have low or no proficiency in English and need additional information and assistance to navigate Australian health and support systems.

MCWH delivers the only specifically tailored migrant women's leadership program that is based on international best practice. The PACE women's leadership program builds migrant women's capacity to actively participate in the social, political, and civic life of their communities, valuing and recognising their extraordinary leadership, and through their own advocacy, encouraging the rest of the community to do so too.

MCWH delivers training for service providers, provides input into policy and builds capacity of employers, community service organisations, local councils, and health services to adapt their programs to better respond to migrant women's needs.



MCWH is responsive to the needs of our community, tailoring and adapting its service delivery to suit changing needs. During the COVID-19 shut-downs when face to face education workshops were not possible, MCWH still reached communities with the women's health and COVID-19 information they needed via in-language radio segments, telephone calls, video messaging and social media. Since vaccination has been available in Victoria, MCWH has conducted 50 in-language vaccine education sessions in 10 languages, reaching over 750 migrant women across Victoria.

In 2021 MCWH led the Workforce of Multilingual Health Educators ('WOMHEN') project, in collaboration with Victorian women's health services and Gender Equity Victoria, that established a state-wide multilingual health education infrastructure across the state. The WOMHEN project placed and trained 50 health educators in regional women's health services, enabling them to reach migrant women across the state with in-language health education. A total of 1,800 migrant women across Victoria received vital information through health education sessions and engagement, including information about COVID-19 vaccination.

The state-wide infrastructure of women's health services, led by MCWH, provides an optimal opportunity to ensure that migrant women, no matter where they live, have access to the information they need to improve their health and wellbeing.

1.

Women's health infrastructure to keep up with population growth

The population of Victoria has boomed over the last 20 years, including a large boost in numbers due to migration. At the 2016 census, there were 3 million women living in Victoria of whom 29% (885,061) were born in a main non-English speaking country (MNESEC). This is a significant increase from the 2006 census when the number of women born in a MNESEC was 435,521. In effect the population of women born in a MNESEC doubled in the 10-year period between census years.

Population projections show that the Victorian population has been expected to continue to grow, with a net increase of 2.9 million additional migrants planned by 2056. Each year a net increase of at least 44,000 women born in a MNESEC will be added. Estimations indicate that by 2022 over 1.5 million migrant women will call Victoria home.⁹

Despite the population increase, Victorian government funding for women's health services has been left behind. Core funding for the Multicultural Centre for Women's Health, the only Victorian dedicated migrant and refugee women's health service, is worth significantly less in 2021 than it was in 2006.

Taking the population increase into account, MCWH's funding rate per MNESEC-born woman has plummeted from \$1.62 in 2006 to 67c per MNESEC-born woman today. If there is no increase to MCWH core funding going forward, even without accounting for inflation, the rate will continue to decline to make delivery of MCWH's crucial in-language health services unsustainable.

At the same time, research shows that migrant women have poorer health outcomes than the general population and they experience significant inequities in access to health services. Key inequities are found in the areas of sexual and reproductive health, mental health and occupational health and safety. As the COVID-19 experience makes clear, in-language information is difficult to access, and the infrastructure to engage with migrant women on their health is severely lacking.

The Victorian Government is committed to ensuring access to health services for all women. To achieve access for migrant women, investment is required to ensure that appropriate women's information is provided on a state-wide level via in-language health education.



In 2022-23 MCWH calls upon the Victorian Government to:

1. Significantly increase core funding to MCWH to continue building a comprehensive state-wide service to migrant women across Victoria through in-language women's health education, information and referral, capacity building, research and advocacy. This includes an investment into gendered, intersectional policy analysis to provide input into Victorian government policy at all levels, to ensure positive impacts on migrant women's health and rights.
2. Support a permanent, state-wide, multilingual, information infrastructure to deliver appropriate, in-language preventative women's health and wellbeing education and support programs across Victoria, including in rural and regional areas.

2.

Migrant women's equitable access to sexual and reproductive health services

Migrant and refugee women in Victoria have lower levels of access to sexual and reproductive health (SRH) programs and services, including for sexual health, contraception, abortion care and antenatal care. Only 60% of migrant women use contraception, a rate that is 9% lower than among the Australian born.¹⁰ While Australian Pregnancy Care Guidelines recommend that the first antenatal visit should take place within the first 10 weeks of pregnancy, only 70% of women born in main non-English speaking countries access antenatal care in the first trimester.¹¹ Victorian antenatal care rates are lower than national rates, with some geographical areas showing persistently low rates over time. In Northwest Melbourne, where there are high numbers of migrant communities, the antenatal care rate has ranged from 46.6% to 61.8% over the five years from 2014-19, well below national figures.¹²

Delayed and inadequate access to SRH services results in a diminished capacity among migrant women and their health practitioners to take preventative and early action on their health and can result in poorer health and wellbeing outcomes.

Migrant women in Victoria are at increased risk of contracting sexually transmissible infections. Evidence shows that the proportion of syphilis cases in overseas-born migrants, estimated at 28% in 2017, is increasing. Migrant women of reproductive age and their babies are at particular risk of congenital syphilis, leading to low birth weight, premature birth, miscarriage, and stillbirth.¹³

Migrant women have higher rates of pre-eclampsia and gestational diabetes, which if

undetected and untreated during pregnancy can result in serious complications during birth.¹⁴ In 2019, postpartum haemorrhage and pre-eclampsia made up almost half of clinical reasons for ICU admissions of Victorian birthing mothers. Migrant women made up almost 40% of mothers admitted. Early detection and management of postpartum haemorrhage risks and pre-eclampsia during antenatal care can reduce serious medical emergencies during birth.¹⁵

Concerningly, migrant women also experience higher rates of stillbirth and neonatal deaths, making up 42.3% of all perinatal deaths, compared with 39.9% of births. Some migrant groups have significantly higher rates of perinatal death, namely those born in North Africa and the Middle East and South-Central Asia, with rates up to 14.6 per 1,000 births compared with 8.3 among Australian-born women.¹⁶ Approximately 30% of stillbirth and neonatal death is preventable; efforts would be significantly enhanced through a boost to early antenatal care among migrant women.

Migrant and refugee women experience a range of systemic barriers to accessing SRH care as well as lower levels of health literacy. Models of care that utilise bilingual health educators to work alongside the clinical health system show increased engagement with, and easier navigation of, the system among migrant women. Such programs have been shown to reduce access barriers for migrant women and their families, improve the healthcare experience, and improve perinatal outcomes. In-language health education to prospective mothers can increase understanding about their health in pregnancy and birth and can increase earlier access to antenatal care.¹⁷



In 2022-23 MCWH calls upon the Victorian Government to:

3. Invest in initiatives delivered by migrant women's organisations, in partnership with antenatal care providers, to increase migrant women's access to antenatal care in the first trimester.
4. Invest in initiatives delivered by migrant women's organisations, in partnership with key stakeholders, to increase migrant women's access to a broad range of contraceptive options, and to exercise their reproductive choice.
5. Invest in initiatives delivered by migrant women's organisations that increase migrant women's awareness of sexually transmissible infections, and that builds their capacity to negotiate and practice safer sex and maintain their sexual health and wellbeing.

3.

Mental health services support and prevention programs tailored for migrant women

Migrant and refugee women are impacted by intersecting race and gender inequality which in turn affects their mental wellbeing.¹⁸ Violence against women leads to poor mental health, with intimate partner violence contributing significantly to women's burden of disease. Depressive and anxiety disorders, suicide and self-harm are among the top ten leading causes of the overall burden in women aged 18-44.¹⁹

Some groups of women are more vulnerable, with new migrant mothers for example, being more likely to experience intimate partner violence in the post-partum period, showing rates of 22.5% compared with 16.9% among Australian born women.²⁰

There is evidence that migrant women have higher rates of perinatal depression and anxiety, which are accentuated by settlement stress, financial hardship, and social isolation. It is concerning that migrant women do not have equitable access to perinatal mental health services.²¹ Research shows that perinatal mental health services do not have the required resources, capacity, and expertise to overcome language and other barriers and to provide a tailored service to migrant women.

COVID-19 has impacted particularly heavily on migrant women's mental health. The Left Behind report which interviewed 75 Victorian migrant women about their experiences of COVID-19, showed that 90% experienced significant hardship which adversely affected their mental health. Hardships included financial strain, family separation, social isolation, reduced employment, and income, and increased unpaid care work.²²

The Victorian Government Mental Health System Reform process which has resulted from the Royal Commission into Mental Health Services provides a sound basis for system transformation that will benefit migrant women's mental health and wellbeing. It is vital that implementation of the reform is inclusive of migrant women's specific issues, includes genuine co-design in partnership with migrant women's representative organisations, and that the system becomes gender equitable, accessible, and culturally and linguistically responsive.

In 2022-23 MCWH calls upon the Victorian Government to:

6. Fund MCWH to provide policy input and co-design advice to the Victorian Government Mental Health reform process to ensure that migrant women's needs are equitably included in the reformed mental health system.
7. Support innovative, tailored education and advocacy mental health interventions run by migrant women's organisations and delivered to migrant women by trained bilingual workers.
8. Support MCWH and Perinatal Anxiety & Depression Australia (PANDA) to deliver in-language telephone counselling support for perinatal anxiety and depression to migrant women across Victoria.



4.

Gender equality, primary prevention and early intervention violence against women programs tailored for migrant communities

The Victorian Government strategy and investment in primary prevention, along with the Gender Equality Act 2020, have contributed to significant changes to formalise gender equality and to effect the cultural change that is needed to achieve sustainable gender equality in the long term.

While we have made great strides, there is still a long way to go. The prevalence of violence against women is unacceptably high: one in three women have experienced physical or sexual violence and/or emotional abuse in her lifetime. For migrant and refugee women, there is evidence that prevalence rates are even higher, and that violence is more severe and prolonged.²³ Sexual harassment is endemic in Victorian workplaces, and while the Gender Equality Act mandates action to address sexual harassment, the Act does not cover industries that employ large numbers of disadvantaged migrant women, such as hospitality, retail, aged care, and manufacturing.²⁴

Following the Royal Commission into Family Violence (RCFV), the Victorian Government committed to developing a family violence system that is responsive, timely, accessible, and inclusive. However, the family violence system remains inaccessible and /or unadapted to many migrant women. Recent research has shown that while family violence reports increased among the general population after the RCFV, this was not the case for migrant women where reporting remained low.²⁵ More investment must be made into programs that build awareness about family violence and facilitate earlier access to the system, including tailored, in-language, community-based, outreach programs.²⁶

There must be a long-term investment into the primary prevention of violence, along with the recognition that multicultural communities have a central role to play, particularly via the leadership of migrant women. Migrant women's organisations should be provided with ongoing and secure funding to enable them to share their specialist expertise, to build capacity within multicultural communities and to foster the leadership of Victorian migrant women in violence prevention activity across the state. There remains a need to invest in sexual harassment prevention programs that address a wide variety of workplaces to reach migrant women workers.

In 2022-23 MCWH calls upon the Victorian Government to:

9. Provide ongoing funding to MCWH to continue its role in building capacity across Victoria to adopt a consistent intersectional approach to prevent family violence in migrant communities.
10. Continue to support tailored and innovative migrant women's leadership programs to be delivered across Victoria.
11. Invest in sexual harassment prevention programs that address a wide variety of workplaces to reach migrant women workers.
12. Boost accessibility of the Orange Door and earlier access to family violence support services by delivering comprehensive, in-language family violence education to migrant women across Victoria.



5.

Equitable access for migrant women to COVID-19 economic recovery and wellbeing initiatives

To 'build back better', recovery from the COVID-19 pandemic and its social, economic and health impacts must be equitable and include all members of the Victorian community. For migrant women, this will mean addressing gender and race-based discrimination in the workforce, which have been exacerbated throughout COVID-19. The Left Behind report found that among the 75 migrant women interviewed, 21% had their work hours reduced, 15% lost their jobs, and 11% were unemployed and found it harder to find a job. Other common experiences included working extra hours as an essential worker, sustaining pay cuts, resigning from work to perform caring work and having their partner lose their job.²⁷

Gender and race-based discrimination in the workforce remain significant barriers to workplace advancement for migrant women. While 40% of migrant women are employed in management or professional occupations in Victoria, only 2.5% of Victoria's senior decision-making roles – CEOs, general managers and legislators – are filled by migrant women.²⁸ The majority of employed migrant women (55%) work as sales assistants, community or personal service workers, clerical and administration workers, or as labourers and machinery operators, in occupations and industries that have high casualisation rates, and in which hours and jobs are more likely to have been lost during the pandemic.²⁹

Women who work in industries that have been shut down through the pandemic such as hospitality and retail, making up 23% of Victorian migrant workers, will need support to re-engage and re-train. Those who have worked throughout the pandemic in manufacturing, aged care, childcare, or health care, making up 35% of migrant workers, must be valued as essential service workers. Our community is re-evaluating the value of care-based work, which should lead to the acknowledgement, and adequate compensation of, 'essential' workers and industries for the vital role they play in keeping Victorians healthy and well.³⁰

The key role migrant women play in caring for our community should be recognised and valued. More broadly and in the longer term, the prevention of entrenched gender and race discrimination in the workplace would significantly improve employment outcomes for migrant women.

In 2022-23 MCWH calls upon the Victorian Government to:

13. Provide on-going investment to prevent gender and race discrimination in workplaces and promote equity within the Victorian labour force.

14. Support the post-COVID-19 recovery of Victorian industries and jobs in which migrant women are concentrated and specifically target migrant women for post-COVID-19 recovery support programs.



The Investment 2022-2023

To ensure that Victoria's COVID-19 response and recovery is equitable and inclusive, and that migrant women have the best opportunities to experience the same health and wellbeing outcomes as other Victorians, the following investment in MCWH's tailored and responsive services is needed.

Population growth health infrastructure	\$9,411,299
<ul style="list-style-type: none">a. \$5,528,005 for improved infrastructure to respond to population growth and increased complexity, targeted health promotion and primary prevention initiatives, dedicated research and intersectional policy analysis.b. \$3,883,284 for MCWH, Gen Vic and women's health services' state-wide, multilingual workforce of health educators.	
Equitable access to reproductive & sexual health	\$1,133,823
<ul style="list-style-type: none">a. \$395,491 for dedicated in-language health education and health service provider engagement to boost migrant women's access to pregnancy and birth information and services.b. \$369,166 for dedicated in-language health education to increase migrant women's awareness of, and access to, contraceptive options.c. \$369,166 for dedicated in-language health education to increase migrant women's awareness of, and access to, prevention of sexually transmissible infections."	
Tailored mental health support & prevention	\$2,280,532
<ul style="list-style-type: none">a. \$312,572 for dedicated policy and engagement officers to support co-design.b. \$244,163 for tailored, in-language mental health education, awareness and stigma reduction campaigns targeted to migrant women and their families.c. \$1,472,847 for a multilingual perinatal mental health telephone support service.	
Gender equality, prevention & early response to violence	\$1,030,576
<ul style="list-style-type: none">a. \$165,186 for a dedicated senior position with expertise in intersectional approaches to violence against women and gender equality.b. \$305,654 to continue to deliver the PACE migrant women's leadership program across Victoria.c. \$159,412 for a dedicated research and policy focus on sexual harassment, its impact on migrant women workers, and effective prevention strategies.d. \$244,163 for dedicated in-language education with migrant women about family violence to boost timely access to support services.	
Equitable recovery	\$719,883
<ul style="list-style-type: none">a. \$312,572 for a dedicated research and policy focus on gender and race discrimination in the Victorian labour force, its impact on migrant women workers, and effective prevention strategies.b. \$407,311 for tailored, in-language initiatives to support migrant women workers who have been disproportionately negatively impacted by COVID-19.	
Total Investment 22/23	\$15,340,770

Notes

- 1 McKell Victoria economic update, 7 October 2021. Accessed 19 October 2021.
- 2 ABS (2016) The Census of Population and Housing, Australian Government.
- 3 DELWP (2019), Victoria in Future 2019: Population Projections 2016-2056.
- 4 There are 31,047 CEOs, General Managers and Legislators in Victoria, of which 795 are women born overseas. ABS (2016) The Census of Population and Housing, Australian Government. ABS (2018) Understanding Migrant Outcomes.
- 5 ABS (2021) Charts on casual employment, occupation and industry, August 2021.
- 6 Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Quiazon, R., Block, K., & Warr, D. (2016). Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. The ASPIRE Project: Research report (ANROWS Horizons 07/2016). Sydney: ANROWS.
- 7 MCWH (2021) Sexual and Reproductive Health Data Report.
- 8 MCWH (2021) Sexual and Reproductive Health Data Report.
- 9 DELWP (2019), Victoria in Future 2019: Population Projections 2016-2056.
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- 11 Australian Institute of Health and Welfare (2020) Australia's mothers and babies 2018: in brief. Perinatal statistics series no. 36. Cat. No. PER 108. Canberra: AIHW.
- 12 Consultative Council on Obstetric and Paediatric Mortality and Morbidity (2021) Mothers and Babies in Victoria 2019, CCOPMM, Safer Care Victoria, Victorian Government.
- 13 Victorian Department of Health and Human Services (2020) Victorian sexually transmissible infections action plan 2018–2020, Victorian Government.
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- 15 Consultative Council on Obstetric and Paediatric Mortality and Morbidity (2021) Mothers and Babies in Victoria 2019, CCOPMM, Safer Care Victoria, Victorian Government.
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- 17 MCWH (2021) Sexual and Reproductive Health Data Report.
- 18 Sullivan, C., Vaughan, C., Wright, J. (2020). Migrant and refugee women's mental health in Australia: a literature review. School of Population and Global Health, University of Melbourne; DHHS (2017) Racism in Victoria and what it means for the health of Victorians, Victorian Government.
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- 20 MCWH (2021) Sexual and Reproductive Health Data Report.
- 21 Shafiei, T. et. al. (2018). Identifying the perinatal mental health needs of immigrant and refugee women. La Trobe University.
- 22 Multicultural Centre for Women's Health and Gender Equity Victoria (2021) Left Behind: Migrant and Refugee Women's Experience of COVID-19, Melbourne.
- 23 Lum On, M. et. al. (2016). Examination of the health outcomes of intimate partner violence against women: State of knowledge paper (ANROWS Landscapes, 03/2016).
- 24 ABS (2018) Understanding Migrant Outcomes.
- 25 L. Satyen, J. Toumbourou, J. Heerde, M. Supol, A. Ranganathan (2021) The Royal Commission into Family Violence: Trends in Help-seeking behaviour among migrant and non-migrant women, presented at the Deakin Research on Violence Against Women Inaugural Conference: Interdisciplinary Research on Family Violence, 22 October.
- 26 Vaughan, C. et. al. (2016). Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. (ANROWS Horizons 07/2016).
- 27 Multicultural Centre for Women's Health and Gender Equity Victoria (2021) Left Behind: Migrant and Refugee Women's Experience of COVID-19, Melbourne.
- 28 ABS (2016) The Census of Population and Housing, Australian Government. ABS (2018)
- 29 Understanding Migrant Outcomes.
- 30 ABS (2021) Charts on casual employment, occupation and industry, August 2021.
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